Gifted Pupil Personal Data Sheet (GPPDS)

Leland School District
408 East 4th Street
Leland, MS 38756
1-662-686-5006

Parent/Guardian Directions:
Please sign Section B only.

Section A **Student Identification**

Student Name: _____ _____ _____
First MI Last

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

MSIS#: _____ School: LES LMS Current Grade Placement _____

Name of Parent or Legal Guardian (Print): _____

Phone Number: Home: _____ _____ Cell: _____ _____
Area Code Number Area Code Number

Mailing Address: _____ _____ _____ _____
Street Address City State Zip Code

Section B **Parental Consent**

I have been informed of the identification process for the gifted program. The Family Education Rights and Privacy Act (FERPA) has been explained to me and I hereby consent to having my child tested in an effort to determine if a gifted eligibility has been satisfied according to criteria in the Mississippi Department of Education Gifted Program Regulations.

Parent/Guardian Signature: _____ Date: _____

Section C **LSC Determination**

Based upon the assessment data, the Local Survey Committee has determined that this student is:

_____ Intellectually Gifted _____ Academically Gifted
_____ Artistically Gifted _____ Creatively Gifted
_____ Not eligible since the data do not indicate that the minimal criteria were met for a gifted eligibility.

Members Present: Date Signed: _____

Print Name: _____ Signature: _____
Print Name: _____ Signature: _____
Print Name: _____ Signature: _____
Print Name: _____ Signature: _____